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|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|----------------------------------|--------------------|---------------------------------------|------------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                               |                                             | Application or Docket Number<br><b>10/741,827</b> |                                             | Filing Date<br><b>12/19/2003</b> |                    | <input type="checkbox"/> To be Mailed |                        |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             | OTHER THAN<br>SMALL ENTITY       |                    |                                       |                        |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                                  |                                                   | SMALL ENTITY <input type="checkbox"/>       |                                  | OR                 |                                       |                        |  |
| FOR                                                                                                                             |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                             | NUMBER EXTRA                                      |                                             | RATE (\$)                        |                    | FEE (\$)                              |                        |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                              |                    | N/A                                   |                        |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                              |                    | N/A                                   |                        |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                               |                                             | N/A                              |                    | N/A                                   |                        |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                             | *                                                 |                                             | X \$ =                           |                    | X \$ =                                |                        |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                             | *                                                 |                                             | X \$ =                           |                    | X \$ =                                |                        |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                                                   |                                             |                                  |                    | TOTAL                                 |                        |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    | TOTAL                                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             | OTHER THAN<br>SMALL ENTITY       |                    |                                       |                        |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                                  |                                                   | (Column 3)                                  |                                  | SMALL ENTITY       |                                       | OR                     |  |
| AMENDMENT                                                                                                                       | 08/12/2008                                                                               |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                  | PRESENT<br>EXTRA   |                                       | RATE (\$)              |  |
|                                                                                                                                 | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | * 22                                        |                                                   | Minus                                       |                                  | ** 24              |                                       | = 0                    |  |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | * 4                                         |                                                   | Minus                                       |                                  | ***4               |                                       | = 0                    |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       | OR                     |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       | X \$50= 0              |  |
|                                                                                                                                 | TOTAL ADD'L<br>FEE                                                                       |                                                                                                                                                                                                                               | TOTAL ADD'L<br>FEE                          |                                                   |                                             |                                  | OR                 |                                       | TOTAL ADD'L<br>FEE     |  |
|                                                                                                                                 | OR                                                                                       |                                                                                                                                                                                                                               | OR                                          |                                                   |                                             |                                  | OR                 |                                       | OR                     |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                                  |                                                   | (Column 3)                                  |                                  | TOTAL ADD'L<br>FEE |                                       |                        |  |
| AMENDMENT                                                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA                            |                                  | RATE (\$)          |                                       | ADDITIONAL<br>FEE (\$) |  |
|                                                                                                                                 | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | *                                           |                                                   | Minus                                       |                                  | **                 |                                       | =                      |  |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | *                                           |                                                   | Minus                                       |                                  | ***                |                                       | =                      |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       | OR                     |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       | X \$210= 0             |  |
|                                                                                                                                 | TOTAL ADD'L<br>FEE                                                                       |                                                                                                                                                                                                                               | TOTAL ADD'L<br>FEE                          |                                                   |                                             |                                  | OR                 |                                       | TOTAL ADD'L<br>FEE     |  |
|                                                                                                                                 | OR                                                                                       |                                                                                                                                                                                                                               | OR                                          |                                                   |                                             |                                  | OR                 |                                       | OR                     |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |
| Legal Instrument Examiner:<br><b>/NICOLLE SCRIVNER/</b>                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                   |                                             |                                  |                    |                                       |                        |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.